## Dinsmore&Shohl

FACSIMILE TRANSMITTAL

from PAUL M. ULRICH

January 10, 2005

Direct: 937-449-6407 / Fax: 937-449-6405 / paul.ulrich@dinslaw.com

To:

Belix M. Ortiz - Examiner

Firm:

U.S. Patent and Trademark Office

RECEIVED **CENTRAL FAX CENTER** 

P.001

Fax Number:

703-872-9306

JAN 1 0 2005

Client Number:

GOW 0091 PA/40329.111

Pages:

38

(including cover)

Comments:

U.S. Patent Application Serial No. 10/092,162 filed March 6, 2002

entitled METHOD AND SYSTEM FOR PROVISIONING ELECTRONIC

FIELD GUIDES - Our Docket GOW 0091 PA/40329.111

If there are any problems in receiving this transmission, please call Vicki Hebbard at (937) 449-6400 immediately. Thank you.

Notice

This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this notice in error, please notify us immediately by telephone and return these papers to us at the address below via first class mail.

Dayton . One Dayton Centre . One South Main Street, Suite 1300 - Dayton, OH 45402-2030 - Phone: (937) 449-6400

PAGE 1/3 \* RCVD AT 1/10/2005 4:38:17 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/8 \* DNIS:8729306 \* CSID:9374496405 \* DURATION (mm-ss):01-34

Incomplete pages 4-38

FROM-Dinsmore & Shoh! Dayton

PTO/SB/17 (12-04)
Approved for use through 07/31/2006, QMB 0651-0032
Frademark Office; U.S. DEPARTMENT OF COMMERCE formation unless it directors a point QMB control of the control of the

T-809

P.002

Codes the Remover's Reduction Act of 1995, no persons are required	inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.			
		Complete II , a.c.		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48	18). Application Number		10/092,162	
FEE TRANSMITTAL	Filing Date	March 6, 20		
For FY 2005	First Named Inve	71114-	Kevan et al.	
	Examiner Name	Belix M. Ort	Belix M. Ortiz	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2175	2175	
TOTAL AMOUNT OF PAYMENT (\$) 100.00	Attorney Docket	No. GOW 0091	GOW 0091 PA/40329.111	
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order None Other (please identify):				
Deposit Account Deposit Account Number: Deposit Account Name:				
Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
under 37 CFR 1,16 and 1,17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
FILING FEES	SEARUM FEES	EXAMINATION		
Small Entity	Small Entity Fee (\$) Fee (\$)	<u>Small E</u> <u>Fee (\$)                                    </u>		
Application 1994	500 250	200 100		
1 0	100 50	130 65		
Design	300 150	160 80	,	
Kimir and the	500 250	600 300		
Reissuc 300 150	0 0	0 0		
Provisional 200 100	U U	0 0	Small Entity	
2. EXCESS CLAIM FEES Fee (5) Fee (5)				
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100				
Each independent claim over 3 or, for Reissues, each	independent claim m	ore than in the or	360 180	
Multiple dependent claims	Fee Paid (\$)	Multiple Depend		
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> 13 - 20 or HP = 0 x <u>25</u> =	0.00	Fee (\$)	Fee Paid (\$)	
MP = highest number of total claims paid for, if greater than 20				
Indep. Claims Extra Claims Fee (\$)	<u>Fee Paid (\$)</u> = 100,00			
4 -3 or HP = 1 x 100 =  HP = highest number of independent claims paid for, if greater than	n 3			
The state of the s				
for each additional 50 sheets or fraction thereor. See 35 0.5.5. 41(a)(1)(a) and 50 sheets or fraction thereof. Fee (s) Fee Paid (s)				
Total Sheets Extra Sheets Number or each authority of the a whole number ) X				
Fces Paid (\$)				
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)				
Other:				
COURSETED BY			Talanham (007) 440 6400	
SUBMITTED BY	Registration No.	10 10 1	lelebhone /4.3/1 aawanaini	
Signature PM. Ulasto	Registration No. (Attorney/Agent)	46,404	Telephone (937) 449-6400 Date January 10, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Inducing the user of the complete this form and/or suggestions for reducing this burden, should be sont to the Chief information Officer, U.S. Paters on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sont to the Chief information Officer, U.S. Paters and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Date January 10, 2005

Signature

FROM-Dinsmore & Shohl Dayton

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0551-0051

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a waird OMR control number Under the Pasierwork Reduction Act of 1985 no per Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/092,162 Application Number TRANSMI March 6, 2002 Filing Date Sherrene D. Kevan et al. For FY 2005 First Named Inventor Belix M. Ortiz Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2175 Art Unit GOW 0091 PA/40329.111 Attorney Dacket No. TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Other (please identify): Check Credit Card Money Order None Deposit Account Deposit Account Number: Deposit Account Name: For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES EXAMINATION FEES SEARCH FEES **FILING FEES** Small Entity Small Entity Small Entity Fee (\$) Fees Paid (\$) Foe (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) 200 100 500 250 300 150 Utility 130 65 200 100 100 50 Design 300 160 80 150 200 100 Plant 600 300 300 500 250 150 Reissue 0 n 200 100 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fcc (\$) Fee (\$) Fee Description 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissucs, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Fee Paid (\$) Fee (\$) 13\_\_\_\_ - 20 or HP = 0 x HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fec (\$) Extra Claims Indep. Claims 100 100.00 4\_\_\_\_-3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Extra Sheets Total Sheets (round up to a whole number) x - 100 = /50= Fces Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. 46,404 Telephona (937) 449-6400

Name (Print/Type) Paul M. Ulrich This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.